## **BIOSOLIDS SPILL/DISCHARGE NOTIFICATION**

When a spill of biosolids occurs, contact the ADEQ Central Office at (602) 771-4612 within 24 hours and mail the completed notification form within seven days of the spill to: State Biosolids Coordinator, Water Quality Compliance Assurance Unit, Arizona Department of Environmental Quality, 1110 W. Washington Street, MO5415B-1, Phoenix, AZ 85007

From:	Date:	
UNAUTHORIZED BIOSOLIDS/ SPILL/DISCHARGE REPORT		
WWTP Facility Name:Biosolid Hauler:	Facility Address: Appl	Facility No.:
Contact Name:	Co	ontact phone #:
A biosolids spill/discharge occurre	ed from the referenced facility and/or the	collection system as specified below:
Date(s):	Known Time (from-to):	
Location of spill(s):		
Discharge reached "waters of the	e U.S." ? (Circle one) Yes No	(Name of receiving stream/wash):
Was the U.S. <b>EPA notified</b> of the	e spill (required, if it reached "waters of th	ne U.S.)? (Circle one) Yes No
Approximate volume of discharg	ge (# gallons discharged):	
When and how did you become a	aware of the discharge?	
The <b>cause</b> of the discharge/deter	mined by:	
Remedial/Mitigative/Corrective	Actions:	

D:\Hood\SPILL.WPD